

TEMPORARY LODGING EXPENSE (TLE) CERTIFICATE

NAME: _____ SSN: _____
OLD PDS: _____ NEW PDS: _____
OLD ADD: _____ NEW ADD: _____

FAMILY MEMBER (S):

NAME: _____	RELATIONSHIP: _____	DOB: _____
NAME: _____	RELATIONSHIP: _____	DOB: _____
NAME: _____	RELATIONSHIP: _____	DOB: _____
NAME: _____	RELATIONSHIP: _____	DOB: _____
NAME: _____	RELATIONSHIP: _____	DOB: _____

DATE SVM DET OLD PDS: _____ DATE SVM RPTD NEW PDS: _____
DATE FAMILY MEMBER (S) LEAVE OLD PDS: _____
DATE FAMILY MEMBER (S) ARRIVE NEW PDS: _____
DATE QUARTERS/RESIDENCE VACATED: _____
TEMPORARY LODGING ADDRESS: _____
FROM: _____ TO: _____

THE LODGING FACILITIES DID/DID NOT (CIRCLE ONE) HAVE FACILITIES FOR PREPARING AND EATING MEALS OR GOVERNMENT MESSING WAS/WAS NOT (CIRCLE ONE) USED FOR ALL THREE MEALS DAILY. STAYED WITH FRIENDS/ RELATIVES (CIRCLE ONE).

I CERTIFY THAT IN CONNECTION WITH MY PCS TRANSFER FROM: _____
TO: _____, I WAS REQUIRED TO OBTAIN TEMPORARY LODGING FOR
() MYSELF, () FAMILY MEMBER (S), OR () MYSELF AND FAMILY MEMBER (S) LISTED ABOVE.

() I CERTIFY THAT GOVERNMENT QUARTERS WERE NOT AVAILABLE.

SIGNATURE OF MEMBER: _____ DATE: _____

**** NOTE****

SERVICE MEMBERS WITH FAMILY ARE REQUIRED TO USE ANY AVAILABLE GOVERNMENT QUARTERS WHICH INCLUDES TEMPORARY LODGING FACILITIES. IF GOVERNMENT QUARTERS ARE NOT AVAILABLE, THE SERVICE MEMBER MUST OBTAIN A NON-AVAILABILITY TO SUPPORT THE VOUCHER.